

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/525 690**

FILING DATE

APPLICANT(S)

**5-31-07**

**CLAIMS**

**5-31-07**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3		2				
4		2				
5	1					
6	1					
7		2				
8		①				
9		①				
10		①				
11		1				
12		1				
13	1					
14	1					
15		1				
16	1					
17	1					
18		2				
19		①				
20		①				
21	1					
22	1					
23	1					
24	1					
25	1					
26	1					
27		①				
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49						
50						
TOTAL IND.	14	↓		↓		↓
TOTAL DEP.	17	←		←		←
TOTAL CLAIMS	31					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓	5	↓		↓
TOTAL DEP.		←	50	←		←
TOTAL CLAIMS			60			